



Please **PRINT** in Ink or **Type**

Application #_____

TOWN OF BRAINTREE

APPLICATION FOR FIREFIGHTER'S ENTRANCE EXAM

PART I

Last Name	First Name	Middle Initial
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Mailing Address (No. & Street, or P.O. Box)	City or Town	State	Zip
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Email Address (Required)	Telephone Number
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High School Diploma or G.E.D. Certificate received from:

Name of School and Address

A \$60.00 processing fee **MUST** be submitted with this application. **NO Cash, NO Credit Cards, NO PERSONAL CHECKS**; make bank check or money order **ONLY** payable to the "TOWN OF BRAINTREE" and mail or deliver to:

Human Resources Department
Town Hall
1 J.F.K. Memorial Drive
Braintree, MA 02184

False information provided in this application could lead to removal from the eligible list. I understand that, before being considered a finalist for appointment as a Firefighter, I will be required to sign an "*Authority for Release of Information*" statement. I hereby declare that the statements and answers made as part of this application are true and are made under the penalties of perjury.

SIGNATURE: _____ DATE: _____

IMPORTANT: Check the exam instructions for the last date for filing applications. **NO** application will be accepted unless it is delivered or postmarked on or before January 6, 2017.

**** Please note there are NO REFUNDS for any reason ****

The applicant has the option of completing and signing the attached Part II. Please carefully read the form, then in accordance with your choice, either complete and sign the form, or not.



Application # _____

PART II

Responses to the items listed below are optional and are for your use should you wish to identify yourself as being a member of a protected group. This form will be detached from your application immediately after you apply and will be maintained in a separate and strictly confidential file in the Human Resources Department. If you are unwilling to complete the form, it is your right to decline.

Please complete the following Sections A, B, and C at your option:

A. NAME: _____
Last First Middle

B. SEX: Male: _____ Female: _____

C. Your Racial or Ethnic Identification: (check one)

1. White - all persons having origins in any of the original () people in Europe, North Africa, or the Middle East.
2. Black - all persons having origins in any of the Black () racial groups in Africa.
3. Hispanic - all persons of Mexican, Puerto Rican, Cuban () Central or South America or other Spanish culture or Origin, regardless of race.
4. Asian or Pacific Islander - all persons having origins in () any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5. American Indian or Alaskan Native - all persons having () origins in any of the original peoples of North America, and maintain cultural identification through tribal affiliations or community recognition.

SIGNATURE: _____



Application # _____

TOWN OF BRAINTREE

AUTHORITY FOR RELEASE OF INFORMATION

DATE: _____

I, _____, born in _____ on _____, having filed an application for employment with the Braintree Fire Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the *Appointing Authority*. I agree to give any further information that may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, including hospital records and information of past hospitalization in a mental, state or private hospital, inpatient or outpatient unit, to furnish to the Braintree Fire Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the Braintree Fire Department, its agents and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Braintree Fire Department.

I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain any original writing of my signature.

SIGNATURE: _____

ADDRESS: _____

CITY/TOWN: _____



TOWN OF BRAINTREE

FIREFIGHTER APPLICATION CHECKLIST

Upon completion of the application, the following must be given to the Human Resources Department in order for your application to be valid:

1. **Town of Braintree Firefighter Application;**
2. **Application fee in the amount of \$60;**
3. **A copy of your birth certificate and valid driver's license;**
4. **In order to receive applicable points you must attach to your application copies of the following:**
 - **Proof of residency for applicants who have resided in Braintree for two years (must be certified by Town Clerk);**
 - **Veterans DD Form 214; if you are a disabled veteran, please provide your disability awards letter;**
 - **Copy of the EMT license;**
 - **A letter from your prior employer reflecting your experience as a firefighter with no history of suspension or termination; and**
 - **Proof of successful completion of the Massachusetts Fire Academy.**

These points will be added upon documented proof after receiving a passing grade.

PLEASE NOTE: The following book will be helpful for the exam which is called *IFSTA Essentials of Firefighting, 6th Edition*.

****Test Results will be emailed at the end of March****